

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

RICHARD F. WHITE JR.,

Plaintiffs,

v.

FEDERAL EXPRESS CORPORATION,

Defendants.

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C. A. No. 05C-53 GMS

**PLAINTIFF'S ANSWERS TO
DEFENDANT'S INTERROGATORIES**

1. Give the names and last known addresses of all persons who were present at the scene of the accident when the accident occurred noting specifically those who were eyewitnesses.

**ANSWER: Larry Benedict
1805 Arrow Trail Drive
Williamstown, NJ 08094**

2. Give the names and last known addresses of all persons who were present at the scene of the accident within ten minutes after it occurred.

**ANSWER: West Berlin Ambulance Squad
Two EMT's**

3. Give the names and last known addresses of all persons other than those listed in the answer to interrogatories 1 and 2 who have knowledge of the facts concerning how the accident occurred.

ANSWER: None other than those listed in previous answers.

4. Give the names and last known addresses of all other persons who have

knowledge of the facts alleged in the pleadings other than those persons given in the answers to interrogatories 1, 2 and 3.

ANSWER: None other than those listed in previous answers.

5. Give the names and last known addresses of persons from whom statements have been procured in regard to the facts alleged in the pleadings. As to each person named, state:

- (a) The name and last known address of the person who took the statement;
- (b) The date when the statement was taken;
- (c) The names and last known addresses of all persons presently having

copies of the statements.

ANSWER: No Statements have been taken.

6. State in detail each injury, illness, complaint, or disease you claim to have suffered in the accident or as a result of the accident upon which the Complaint is based.

ANSWER: (a) Plaintiff sustained injuries to his neck, shoulders, back, both arms with pain radiating to the left hand and right arm pain to elbow, and pain in left leg.

7. Give the names and addresses of all doctors or other medical personnel who have examined you or treated you for the injury averred in the complaint and the date on which the examination or treatment took place. With regard to any treatments you have received from any doctor or other medical personnel, describe such treatment on each date set forth above.

ANSWER: See medical records

8. Give the names and addresses of all medical institutions to which you have been admitted for injuries averred in the complaint, together with the date of admission to and

release from the institution.

ANSWER: See medical records

9. State whether you are still under the care of a physician, surgeon or other medical personnel, and if so, state the name and address and describe the nature of the care you are presently receiving.

ANSWER: See medical records

10. If you are no longer under the care of a physician, surgeon or other medical personnel, give the date on which you were last treated or examined and the name and address of the doctor making such examination or treatment.

ANSWER: Not applicable

11. If you have fully recovered from any of the injuries, illnesses, complaints, discomforts or diseases which you claim resulted directly or indirectly from the accident, recovered and, as to each, state the date of such recovery.

ANSWER: Not applicable

12. If you have not recovered from all of the injuries, illnesses, complaints, or diseases sustained in the accident upon which this Complaint is based, state in what respect you have not fully recovered, and state the names and addresses of all persons trained in medicine who have knowledge of the fact that you have not fully recovered.

ANSWER: Plaintiff still experiences pain in his neck, shoulders left hand and right arm from shoulder to elbow.

13. If you claim to be permanently disabled in any respect, describe such permanent disability in detail and give the name and addresses of persons who have knowledge of the fact that it is permanent.

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ANSWER: See medical records

14. State whether x-rays were taken in connection with your injuries. If the answer is “yes”, state the name and address of the person taking such x-rays, when and where they were taken and in whose custody the same are now.

ANSWER: See medical records

15. State whether you or anyone on your behalf has received doctors' or hospital reports or records bearing on your injuries. If the answer is "yes", state:

- (a) The nature of such reports or records;
- (b) At whose request they were prepared;
- (c) The dates when they were made or prepared;
- (d) The names and last known addresses of the persons making or preparing
— them;
- (e) The name and last known address of the person or persons presently
having custody of them.

ANSWER: See medical records

16. State whether you are willing to execute a written authorization to inspect the records of hospitals and doctors who have rendered any medical treatment as a result of this accident. If the answer is “yes” please execute two copies of the medical authorizations attached to these interrogatories.

ANSWER: Yes, but not authorizations were attached.

17. State what illnesses, infirmities, diseases, or injuries you had or were told you had during the ten years preceding the accident and whether or not the same originated
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during that period and state the names and addresses of doctors and hospitals rendering treatment for such condition.

ANSWER: See medical records

18. Have you ever suffered any injuries in any accident either prior to or subsequent to the incident referred to in the complaint? If so, state:

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- (a) The date and place of such injury;
 - (b) A detailed description of all the injuries you received;
 - (c) The names and addresses of any hospitals rendering treatment;
 - (d) The names and addresses of all physicians, surgeons, osteopaths, chiropractors, or other medical practitioners rendering treatment;
 - (e) The nature and extent of recovery and, if any permanent disability was suffered, the nature and extent of the permanent disability;
 - (f) If you were compensated in any manner for any such injury, or settled any claim for damages in connection with such accident, state the names and addresses of each and every person or organization paying such compensation and the amount thereof.

ANSWER: See medical records

19. If you claim the right to recover any "out-of-pocket" expenses, including but not limited to medical expenses and without regard to whether such claim was previously stated in the Complaint, state the dollar amount of such expenses and, as to each such amount stated, state:

- (a) The date when it was incurred;
- (b) The name and address of the person or organization to whom it was

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incurred;

©) A description of the goods or services for which it was incurred.

20. If you claim the right to recover medical expenses in the future in connection with the injuries resulting from the accident which is the subject of this litigation, state:

(a) The approximate dates when such expense will be incurred;

(b) An itemized statement of the amount of each such expense which will be incurred and a description of the service or goods for which such expense will be incurred.

©) The name and address of persons who have knowledge that such expense will be incurred.

ANSWER: See records

21. State the name and address of every expert retained or employed by you in anticipation of this litigation or preparation for trial, whether or not you expect to call him as a witness at trial, and as to each, state:

(a) The dates of initial employment;

(b) The date or dates of any reports, letters, or other writings prepared by such person, a brief description of such writing (as two-page letter, three-page report, etc.) and the names and addresses of persons having copies of them;

©) Whether such expert also rendered any service, in connection with any aspect of any subject matter involved in this litigation, other than in anticipation of this litigation or preparation for trial (as, for instance, giving medical attention required by the accident, designing machinery involved in the accident, etc,

ANSWER: No experts have been retained to date, but plaintiff expects to call treating physicians as experts.

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22. With reference to any expert you expect to call to testify as a witness at the trial, state the name and address of such expert and, as to each expert named, state:

- (a) The subject matter on which the expert is expected to testify;
- (b) The substance of the facts and opinions to which the expert is expected to testify;
- ©) A summary of grounds for each such opinion.

ANSWER: See answer to 21.

23. If you claim the right to recover drug expenses, state specifically the name of such drug which you have purchased and, as to each, state:

- (a) The date or dates purchased;
- (b) The condition for which the drug was purchased;
- ©) The intended effect or curative purpose of such drug;
- (d) The name and address of the doctor or other person who prescribed it;
- (e) The cost of such drug.

ANSWER: See medical records

24. If you claim the right to recover for domestic help, state the name and address of each person rendering such domestic help and, as to each person name, state:

(a) The date or dates on which they rendered domestic help and the hours of the day when such service was performed;

(b) The total amount of money paid to such person for the dates stated in the answer to sub-question (a) above;

©) The manner in which such payment was made (as, as for instance \$1.00 an hour, \$40.00 a week, etc.

ANSWER: To be provided.

25. State whether or not any lawsuit other than this case has been brought as a result of the accident on which this action is predicated. If so, please state the name and address of such person and/or organization and the nature of the claim, and identify the document(s) submitted in presenting the claim.

ANSWER: Not applicable

26. State whether or not you or any person on your behalf has brought any claim against any other person or organization for the injuries for which this action is brought. If so, please state the name and address of each such person and/or organization and the nature of the claim, and identify the document(s) submitted in presenting the claim.

ANSWER: Not applicable

27. Have you ever instituted a civil action in any court or have you ever been a defendant in a civil action in any court? If so, please state the name and address of the court, the names and addresses of other persons or corporations who were parties to such action, the civil action number, the date (including the year and, if possible, month) when such action was instituted, and whether or not you were a plaintiff or defendant.

ANSWER: Workman's comp case in 1999

28. Please state the day, month and year you were born and your social security number.

**ANSWER: 6/04/58
006-62-4504**

29. State in detail exactly how you claim that the incident giving rise to the alleged injuries occurred.

ANSWER: Was traveling down a dead end street when suddenly and without

warning a Fed-ex truck backing out of a driveway struck the vehicle in which I was in.

30. State the name and address of each person or organization by which you were employed within ten years before the accident, or if none, then the name and address of your last employer at any time before the accident, and as to each, state:

(a) The inclusive dates of employment;

(b) A specific description of the work you performed;

(c) Your rate of pay.

**ANSWER: Ryder for 6 years-Newark, DE
 Kingston Pipe-Wilmington, DE**

31. If you claim any loss of income or earning power as a result of the accident which is the subject of this litigation, either in the past, at present, or in the future, state:

ANSWER: To be provided.

SILVERMAN McDONALD & FRIEDMAN

/s/ MICHAEL I. SILVERMAN

MICHAEL I. SILVERMAN

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Attorney for Plaintiff White

DATED: